

HOME Program

Tenant Based Rental Assistance

Project Set-Up Report

Note: Complete for all Tenant Based Rental Assistance Projects. This form is to be completed and sent to: Department of Housing and Community Development, HOME Program, 1800 3rd Street, MS 390-3, P.O. Box 952054, Sacramento, CA 95814

Mark Appropriate Box

Part A	1. Name of Participant		5. HOME Project Funds for Project	
			a. Total Funds Requested \$	
	2. Project Number	3. Participant Tax ID Number	b. Participant Number	c. Dollar Amount of Funds
				\$
	4. Name & Phone Number (including Area Code) of person completing form			\$
				\$
Part B Project Information	1. County Code (to be completed by Centralized States only)	2. # of Tenants to be Assisted		\$

Part C Household Characteristics. Enter one code only in each block.

No.	Tenant's Last Name or First 5 Letters of Last Name	Tenant's Social Security Number xxx-xx-xxxx	No. of BRs (see code)	Monthly Rent (w/Tenant Pd. Utilities)			Income Data		Household Data				Type of Contract O = Owner T = Tenant	Status (see code)	Contract End Date (see code)
				Tenant Payment a. (see code)	Subsidy Amount b. (see code)	Total Rent a + b.	Monthly Gross Income	% of Area Median Income (see code)	Head of Household Hispanic (see code)	Head of Household Race (see code)	Size of Household (see code)	Head of Household (see code)			
01															
02															
03															
04															
05															
06															
07															
08															
09															
10															
11															
12															
13															

No. of Bedrooms Code 0 = SRO 1 = 1 BR 2 = 2 BR 3 = 3 BR 4 = 4 BR 5 = 5 or more BRs	Subsidy Amount Enter the amount the tenant receives as a rent subsidy payment to the nearest dollar. If the tenant does not receive a tenant subsidy payment enter 0.	Hispanic Ethnicity-Head of Household Code: If Hispanic origin, enter Y. If not Hispanic origin, enter N.	Race of Household Code 09-Vacant Unit 10-Managers Unit 11-White 12-Blk/Afrcn Amrcn 13-Asian 14-Amrcn Indn/Alskn Ntve 15-Ntve Hawaiian/Othr Pac Islnder 16-Amrcn Indn/Alskn Ntve & White 17-Asian & White 18-Blck/Afrcn Amrcn & White 19-Amrcn Indn/Alskn Ntve & Blck/Afrcn Amrcn 20-Other Multi-Racial	Size of Household Code 1 - 1 Person 2 - 2 Persons 3 - 3 Persons 4 - 4 persons 5 - 5 Persons 6 - 6 Persons 7 - 7 Persons 8 - 8 or more Persons	Head of Household Code 1 - Single/non-Elderly 2 - Elderly 3 - Related/Single Parent 4 - Related/Two-Parent 5 - Other	Status 1 - Newly Assisted 2 - Assistance Renewed	Contract End Date month/year
Tenant Payment Provide the actual rent paid by the tenant to the nearest dollar. (including tenant paid utilities).	% of Area Median Code 1 = 0 to 30% 2 = 30 to 50% 3 = 50 to 60% 4 = 60 yo 80%						

Part C: (con't.) Household Characteristics. Enter one code only in each block.

[illegible]

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[illegible]

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[illegible]

**STATE OF CALIFORNIA HOME PROGRAM
PROJECT FUNDING SOURCE DETAIL**

For Submittal With Each Project Set-Up Report and any subsequent Revisions

PART D: Contractor & Project Information

Contractor Name: _____ ☐ Original Submittal Revision
HOME Contract Number: _____-HOME-_____
Name and phone # of person completing this form _____ Date: _____

State Recipients are required to identify, at least once per month, their undisbursed balance of Program Income/Recaptured funds ("Balance"). Please provide the following information: a) Date of Balance: _____, b) Balance (if Balance is zero enter 0, do not leave blank): \$ _____

<u>Type of Project (check one)</u>	<u>HCD Code</u>	<u>HCD Code</u>
<input type="checkbox"/> Owner-Occupied Sub. Rehab	[0001]	<input type="checkbox"/> Rental - Moderate Rehab [0007]
<input type="checkbox"/> Owner-Occupied Mod. Rehab	[0002]	<input type="checkbox"/> Rental - New Construction [0008]
<input type="checkbox"/> FTHB - New Construction	[0003]	<input type="checkbox"/> TBRA (Tenant Contribution only) [0009]
<input type="checkbox"/> FTHB - (Existing)Acq. Only	[0004]	<input type="checkbox"/> FTHB - (Existing)Substan. Rehab [0010]
<input type="checkbox"/> Rental - Acquisition Only	[0005]	<input type="checkbox"/> FTHB - (Existing)Mod. Rehab [0011]
<input type="checkbox"/> Rental - Substantial Rehab	[0006]	

Owner or Project Name: _____
Project Address: _____

If this is a revision, provide: Grantee Activity Number: **M** _____ - _____ and HUD Activity Number: _____

Of the Total Estimated Cost of Project (Part A.7. on the Project Set-Up Report Form) provide the following breakdown according to funding source. Funding Source Codes and Descriptions are available on the HOME-3 form:

Funding Source Code	Check Here If Match	Funding Source Description	Amount(s) Part of Project Total	Amount(s) Not Part of Project Total
01		HOME Funds -	\$	
11		HOME Funds - Activity Delivery Costs	\$	
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
Total			\$	

Instructions for completing the Tenant-Based Rental Assistance Project Set-up Report

The Home statute imposes a significant number of data collection and reporting requirements. This includes information on assisted properties, on the owners or tenants of the properties, and on other programmatic areas. The information will be used: 1) to assist HOME participants in managing their programs; 2) to track performance of participants in meeting fund commitment and expenditure deadlines; 3) to permit HUD to determine whether each participant meets the HOME statutory income targeting and affordability requirements; and 4) to permit HUD to determine compliance with other statutory and regulatory program requirements. This data collection is authorized under Title II of the Cranston-Gonzalez National Affordable Housing Act or related authorities. Access to Federal grant funds is contingent on the reporting of certain project-specific data elements. Records of information collected will be maintained by the recipients of the assistance. Information on activities and expenditures of grant funds is public information is generally available for disclosure.

Sensitive Information: Some of the information collected on this form is considered sensitive and is protected by the Privacy Act. The Privacy Act requires that these records be maintained with appropriate administrative, technical, and physical safeguards to ensure their security and confidentiality. In addition, these records should be protected against any anticipated threats or hazards to their security or integrity which could result in substantial harm, embarrassment, inconvenience, or unfairness to any individual on whom the information is maintained. Recipients are responsible for ensuring confidentiality when public disclosure is not required.

Read the instructions for each item carefully before completing the report form. Use a typewriter or print carefully with a ballpoint pen. Prepare an original and one copy. **Retain a copy and mail the original to:**

**Department of Housing and Community Development,
HOME Program
1800 3rd Street, MS 390-3
P.O. Box 952054
Sacramento, CA 94252-2054**

Applicability. This report form must be completed for each tenant-based rental assistance project assisted with HOME project funds. A single set-up report form may include up to 99 tenants so long as the term of the contract is the same for all of the tenants in the report form. For centralized State projects, the tenants must be in the same county.

Write the Contract Number of the State Standard Agreement under which this project is being set up in the upper right-hand corner of page 1 of 7.

Part A:

1. **Name of Participant.** Enter the name if the jurisdiction.
2. **Project Number.** For original submissions, leave blank. For revisions, enter the 10-digit HCD assigned Project Number (or the old 10-digit CMI assigned Project Number, if applicable).
3. **Participant Tax ID Number.** Enter the Tax (Employer) Identification Number for the participating jurisdiction from item 3 of the Funding Approval and HOME Investment Partnership for Project Areas.
4. **Name & Phone Number of Person Completing Form.** Enter the name and phone number, including area code, of the person to contact for further information regarding this report form.
5. **HOME Project Funds for Project.**
 - a. Enter the total amount of HOME project funds requested for the project.
 - b. Enter the participant number (from item 2 of the HOME Investment Partnership Agreement for Project Areas) for each fiscal year source of HOME project funds committed for the project.
 - c. Enter the amount of HOME funds from each fiscal year by participant number.

Part B: Project Information.

Item 1 must be the same for all tenants included in a single project set-up.

1. **County Code:** To be completed only by States that are being administered in a centralized State HOME Program. Enter the 3-digit county code for the county in which the project is located.

2. **Number of Tenants Assisted.** Enter the total number of tenants to be assisted by this project.

Part C: Household Characteristics.

Complete one line for each tenant receiving HOME tenant-based rental assistance from HOME project funds.

Tenant's Last Name or First Five Letters of Last Name. Enter the tenant's last name if the name is 5 letters or less. Enter the first five letters of the last name if the name is more than five letters.

Tenants Social Security Number. Enter the tenants 9-digit social security number.

Number of Bedrooms. Enter the appropriate code. 0 for single room occupancy or efficiency unit, 1 for 1 bedroom, 2 for 2 bedrooms, 3 for 3 bedrooms, 4 for 4 bedrooms, and 5 for 5 or more bedrooms.

Monthly Rent Including Utilities.

Tenant Contribution. Enter the amount of the tenant's contribution including any payments made to the owner and any tenant-paid utilities. Do not include any HOME subsidy amounts. If the rent does not include utilities, or if the rent includes only partial utilities, e.g., heat, but not electricity, the tenant-paid utility costs must be added to the tenant contribution. Use actual costs or use the utility allowance schedule provided by the local Public Housing Authority (PHA) in accordance with form HUD-52667, Allowance for Tenant Furnished Utilities and Other Services.

HOME Subsidy Amount. Enter the amount from HOME project funds that will be paid to the tenant or owner as a rent subsidy payment (including any utility allowances) to the nearest dollar.

Total Rent. Enter the total of the Tenant Contribution and the HOME Subsidy Amount. **Note:** This amount may exceed the rent paid to the owner if it includes tenant-paid utilities.

Income Data.

Monthly Gross Income. Enter the monthly gross household income.

Percent of Area Median Income. For each occupied residential unit, enter one code only based on the following definitions:

- 1 - **0 - 30 Percent of Area Median** means a household whose adjusted income is at or below 30 percent of the median family income for the area, as determined by HUD, with adjustments for smaller and larger families.
- 2 - **30 - 50 Percent of Area Median** means a household whose adjusted income exceeds 30 percent and does not exceed 50 percent of the median family income for the area, as determined by HUD, with adjustments for smaller and larger families.
- 3 - **50 - 60 Percent of Area Median** means a household whose adjusted income exceeds 50 percent and does not exceed 60 percent of the median family income for the area, as determined by HUD, with adjustments for smaller and larger families.
- 4 - **60 - 80 Percent of Area Median** means a household whose adjusted income exceeds 60 percent and does not exceed 80 percent of the median family income for the area, as determined by HUD, with adjustments for smaller and larger families.

HOUSEHOLD DATA

Ethnicity/Race: This information is confidential and is only used for government reporting purposes to monitor compliance with equal opportunity laws. Please note that self-identification of race/ethnicity is voluntary.

Hispanic Ethnicity – Head of Household: If Hispanic origin, Y. If not Hispanic origin, enter N.

Race Head of Household: For each occupied residential unit, enter one code only based on the following definitions:

09 - Vacant Unit. Self-Explanatory.

10 - Managers Unit. Self-Explanatory

11 - White. A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

12 - Black/African American. A person having origins in any of Black racial groups of Africa.

- 13 - Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent. This area includes, for example, China, India, Japan, and Korea.
- 14 - American Indian/Alaskan Native. A person having origins in any of the original peoples of the North American Continent, and who maintains cultural identification through tribal affiliations or community recognition.
- 15 - Native Hawaiian/Other Pacific Islander. A person having origins in any of the original peoples of the Pacific Islands. This area includes, for example, the Philippine Islands, Hawaii, and Samoa.
- 16 - American Indian/Alaskan Native & White. A person having origins in both American Indian/Alaskan Native and White Race categories.
- 17 - Asian & White. A person having origins in both Asian and White race categories.
- 18 - Black/African American & White. A person having origins in both Black/African American & White race categories.
- 19 - American Indian/Alaskan Native & Black/African American. A person having origins in both American Indian/Alaskan Native & Black/African American race categories.
- 20 - Other Multi-Racial. A person having origins in more than one of the race categories combined.

Size of Household. Enter the appropriate number of persons in the household: 1, 2, 3, 4, 5, 6, 7, or 8 or more persons (for households of more than 8, enter 8).

Type of Household: For each residential unit, enter one code only based on the following definitions:

- 1 - Single/Non-Elderly.** One person household in which the person is not elderly.
- 2 - Elderly.** One or two person household with a person at least 62 years of age.
- 3 - Related/Single Parent.** A single parent household with a dependent child or children (18 years of age or younger).
- 4 - Related/Two Parent.** A two parent household with a dependent child or children (18 years of age or younger).
- 5 - Other.** Any household that is not included in the above 4 definitions, including two or more unrelated individuals.

Type of Contract. Indicate the appropriate code for the type of tenant assistance contract (whether payment is made to the owner or to the tenant). Enter O for owner T for tenant.

Status: Type the number that corresponds to the status of the household receiving assistance: **1-** Tenant is newly assisted, **2-** Tenant's assistance has been renewed..

Contract End Date: The date the tenant's rental contract will end.

HOME Assisted Unit. Indicate whether the tenant receiving HOME tenant-based rental assistance (from HOME project funds) resides in a unit acquired, constructed or rehabilitated with HOME project funds. Enter Y for yes or N for no.

Part D.: Contractor and Project Activity Information.

- (1) Contractor Name and whether it is original submission or revision
- (2) HOME Contract Number
- (3) Name and phone # of person completing this form and the date
- (4) Type of Project
- (5) Owner of Project's Name
- (6) Project Address
- (7) **Grantee Activity (Project) Number** (For Revisions only)
- (8) **Total:** Funding codes and Descriptions are available on the HOME-3 form.